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Conflict of interest

[Q1: Please declare if any or none]

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Abstract

Many cognitive behaviour therapy (CBT) trained mental health professionals seek non-mandatory accreditation with the British Association for Behavioural and Cognitive Psychotherapies (BABCP), despite self-regulation of talking

therapies being a divisive issue. This raises the question: what views do CBT-trained mental health professionals have towards BABCP accreditation and what motivates them to become accredited? This qualitative study recruited seven postgraduate CBT-trained mental health professionals from NHS Greater Glasgow and Clyde during 2015. Individual semi-structured interviews were completed and verbatim transcripts produced. Thematic analysis revealed the value participants place on accreditation, and that an absence of motivating factors and barriers during the application process means that not all CBT therapists become accredited.

accreditation, British Association for Behavioural and Cognitive Psychotherapies, self-regulation, cognitive behaviour therapy, professional development

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is a self-regulating professional body that offers a non-mandatory accreditation scheme for cognitive behaviour therapy (CBT) therapists (BABCP 2015). The BABCP is open to anyone, however, only members who choose to provide evidence of meeting the additional training and experience requirements for accreditation can call themselves 'BABCP accredited' (BABCP 2012). Accreditation requires applicants to have a professional qualification, including qualifications in psychology, occupational therapy or nursing, and to have undertaken further training in CBT, including a minimum of 450 hours [Q3: of what?]. Additionally, accredited CBT therapists must provide evidence of 200-plus hours of supervised practice and a supervisor's report (BABCP 2012).

The BABCP has around 10,000 members ($n=9903$), approximately half of whom ($n=4,228$) are accredited (BABCP 2014). The proportion of BABCP's members seeking accreditation is increasing (BABCP 2014), a trend that mirrors what is happening in the field of counselling and psychotherapy more generally, and the growing professionalisation of staff in the healthcare sector over recent decades (Bondi 2004). However, professional regulation and accreditation in counselling and psychotherapy has been a divisive issue that continues to divide opinion (Bondi 2004, Totton 1999). Advocates of accreditation argue it maintains quality, ensures ethical practice and improves standards (Wasdell 1992), while detractors suggest it is no guarantee of either quality or safety, and might be counterproductive (Bondi 2004, House 2001).

The BABCP suggests accreditation provides a minimum standard and benchmark for people/organisations, and can offer assurances to the public (BABCP 2015), and that professionals 'should' become accredited for various reasons, including (BABCP 2015):

- Demonstrating training/experience to others.
- Accessing certain job opportunities.
- Facilitating privately funded health insurance requirements.
- Providing assurances to the public.

Research evidence on BABCP accreditation is limited. Two surveys completed ten years apart revealed a highly inequitable [Q4: geographical?] distribution of accredited CBT therapists, with the most recent survey indicating a fivefold difference between the best and least well-resourced areas (Cavanagh 2014, Shapiro et al 2003). Additionally, Brosen et al (2006) investigated the relationship between the competence and various predetermined therapist characteristics of 24 CBT therapists. They discovered accredited therapists did not necessarily achieve better competence scores than those without accreditation. However, this study has since been criticised for using a small, unrepresentative sample and for only measuring competence during one mid-treatment audio recording (McManus et al 2012).

One area where BABCP accreditation is thought to have a positive effect on clinical work is in the development of CBT formulation, which is the cornerstone of effective CBT intervention (Kuyken et al 2005). This evidence emerged after the reliability and quality of CBT formulations were evaluated during training

workshops. Kuyken et al (2005) discovered accreditation status and the level of clinical experience were positively associated with more reliable case formulations, although they acknowledge that accreditation is a poor proxy for quality.

There is also limited information about the importance placed on accreditation by CBT therapists. McManus et al (2010) suggest accreditation is an important early career milestone for CBT therapists, although there remains the question about CBT therapists who decide not to become accredited [Q5: what is the question?]. Shapiro et al (2003) speculate that non-accredited therapists may lack the necessary training or experience required for accreditation, and that they may be affiliated to other professional organisations, but again this aspect has not been fully investigated.

Recent figures indicate increasing numbers of people are seeking accreditation with BABCP, but there is a lack of research into this issue, and none investigating CBT therapists' views on the subject.

Aim

To describe CBT-trained mental health professionals' views about their motivation for BABCP accreditation.

Methods

Participants

Convenience sampling – where subjects are selected because of their convenient accessibility and proximity to the researcher – was used to recruit CBT trained mental health professionals from NHS Greater Glasgow and Clyde Health Board. Of the 28 people who were invited to take part, seven accepted. All participants had completed postgraduate CBT training and were using high-intensity CBT in clinical practice. The shortest length of time someone had been practicing CBT was seven years. Six participants were female and one was male. Six participants were mental health nurses and one was an occupational therapist. The level of training, length of service and use of CBT suggests all participants were eligible for accreditation with the BABCP, although only two were accredited.

Data collection

Individual face-to-face semi-structured interviews were completed in 2015. All interviews were audio recorded and transcribed.

Data analysis

Qualitative data were analysed using thematic analysis (Braun and Clarke 2006).

Verbatim transcripts and accuracy checks were used [Q6: please say a bit more about the accuracy checks] (Holloway and Wheelers 2010). Findings are presented using participant excerpts to help provide transparency and demonstrate rigour (Creswell 2009). Data analysis was peer reviewed to help identify any unintentional bias (Holloway and Wheeler 2010) [Q7: Please say a bit more about this here – who did the peer review, what form did it take?].

Ethics

NHS Greater Glasgow and Clyde and the University of the West of Scotland Ethics Committee approved this study.

Results

Five themes and 12 subthemes were identified in the analysis (see Table 1).

Table 1. Themes and subthemes	
Themes	Subthemes
BABCP accreditation seen as having personal value	<ul style="list-style-type: none"> • Intention to become accredited. • Accreditation associated with a sense of achievement. • Frustration with not being accredited.
Accreditation helpful for career development	<ul style="list-style-type: none"> • Continuous professional development. • Accessing certain roles.
CBT therapist identity	<ul style="list-style-type: none"> • Credibility as a CBT therapist. • Peer recognition.
Barriers to becoming accredited	<ul style="list-style-type: none"> • Personal administrative burden. • Clinical supervision.
Absence of motivating factors for accreditation	<ul style="list-style-type: none"> • Not essential for current role. • Already registered. • Not a priority.

BABCP accreditation seen as having personal value

All participants saw value in BABCP, whether or not they were accredited themselves:

'I think most people like to become accredited because it's the "gold standard". That's what people are looking for...'

This theme illuminates participants' positive views towards accreditation and is associated with three sub-themes: intention to become accredited; accreditation associated with a sense of achievement; and frustration with not being accredited.

Intention to become accredited

The sub-theme intention to become accredited illustrates some eagerness to work towards accreditation after completing CBT training:

'I wanted something to highlight clinical practice and so I finished the certificate with the view to pursuing accreditation'.

This eagerness to become accredited after training supports the notion that accreditation is sometimes viewed as an important early career milestone (McManus et al 2010).

Accreditation associated with a sense of achievement

The sense of achievement associated with accreditation appears driven by personal satisfaction rather than being necessarily acknowledged by their employer:

'I guess it is something you value, more from a personal point of view rather than it being valued by your organisation.'

Frustration with not being accredited

Some participants described being frustrated with themselves for not being accredited:

'It's important. It's something that I should have done quickly after I had completed my training, but it seemed so much. And then time just whizzes by and many years down the line you think, "I should maybe have done that".'

These three excerpts illustrate the different stages participants are with their journey to becoming accredited: with some reporting an intention to become accredited; others a sense of satisfaction or achievement with being accredited; and some frustrated by the lack of accreditation.

Accreditation helpful for career development

This theme was fairly consistent across all participants and is reflected by the following excerpt:

'It would add another level to my professional development. There is a whole field out there and a network that you can be in touch with, as well as more training opportunities... Development opportunities through the BABCP just adds another level to your training, skill set and work.'

The theme of accreditation helpful for career development is divided into two sub-themes that illustrates the different ways participants see accreditation as a career development aid.

Continuous professional development

Accreditation is seen as helpful for accessing continuous professional development (CPD) and ensuring therapists are up to date:

'You are getting the journals, and being updated with all the kinds of latest research. It's an important way of keeping up to date with my colleagues.'

However, some participants did clarify their statements by declaring that it is possible to maintain CBT-related CPD without accreditation, which challenges the necessity of accreditation from a CPD perspective:

'I feel that it does help with my CPD, to keep me up to date in my own sort of professional development... you can still attend events without being a member and having an accreditation.'

Accessing certain roles

Several participants referred to accreditation being considered to be a prerequisite for certain kinds of employment:

'Or possibly other types of jobs that might appeal, like teaching. So that's like an NHS Education for Scotland teaching post or a university teaching post. Accreditation would make you a much more credible prospect for future employers.'

Accreditation is also seen as a prerequisite for additional responsibilities in their current role, with some services now expecting CBT supervisors to be accredited:

'Some of the students from some of the training programmes for CBT therapists have asked that their supervisors be accredited therapists.'

The move towards wanting trainee CBT therapists to be supervised by mental health professionals with accreditation appears to suggest that accreditation is sometimes seen as a prerequisite for certain roles.

CBT therapist identity

This theme was latent in the data, but appeared to be associated with a sense of being both credible as a CBT therapist, and also gaining peer respect:

'It strengthens CBT as a profession itself. I helps us to regulate and to be part of a professional body that recognises the work that we do.'

The notion of accreditation being associated with CBT therapist identity appears to resonate with the increasing professionalisation seen in counselling and talking therapies more generally (Bondi, 2004).

Credibility as a CBT therapist

Participants often cited CBT therapist credibility as an important feature of accreditation. The credibility described here was associated with participants' identity as CBT therapists and appeared linked to their confidence as therapists and how comfortable they were describing themselves as CBT therapists:

'Accreditation would give you more credibility.'

'It raises questions such as: "Why do you call yourself a CBT therapist? What are your professional standards?" And knowing you can confidently answer those questions helps a lot.'

One participant clarified their thinking with regards accreditation and credibility as a CBT therapist by stating that non-accredited CBT therapists were no less credible than those with accreditation:

'Having said that, I have worked with a lot of CBT therapists who don't have accreditation, including myself, and I would not say we are in anyway inferior.'

This clarification indicates accreditation might sometimes be seen as a sign of CBT therapist credibility, but also highlights the danger of making assumptions about people without accreditation. This sentiment echoes Kuyken and colleagues' thoughts about accreditation being a poor proxy for competence (Kuyken et al 2005).

Peer respect

Many participants suggested accreditation was associated with being seen differently by their peers and gaining peer respect:

'When I meet another CBT therapist and they say that they are accredited, there is something for me that tells me [sigh]... I don't know... it's hard to put it into words. I think it is about credibility.'

These three excerpts illustrate CBT therapists' views towards accreditation and how it appears to be linked to their identity as a CBT therapists.

Barriers to becoming accredited

The theme of barriers to becoming accredited was consistent across participants and was sometimes associated with feelings of frustration when talking about their experiences of trying to become accredited:

'There is a bit of me that is aggrieved about it... If you are saying my course is good enough and I qualified, why can't the BABCP just accept I have a qualification that's signed and on a proper certificate? That should be stage one. For stage two I would be happy to provide evidence with ongoing taping sessions.'

Under this theme there are two noteworthy sub-themes: personal administrative burden and clinical supervision.

Personal administrative burden

Both accredited and non-accredited participants cited difficulty with the personal administrative burden of accreditation, such as the paperwork during the application process. The following excerpt from an aspiring accredited CBT therapist illustrates the difficulties sometimes encountered during the application procedure:

'I met the criteria, but the biggest stumbling block was bringing all the evidence together. All because I did my training at a time when one was saving things on floppy discs, and then the things had to get destroyed.'

Accredited CBT therapists also expressed difficulty with the application process when applying for re-accreditation:

'The re-accreditation process can be stressful. It is not so much keeping the logbook, but bringing it all together. This includes the admin time, such as where is your evidence for this, and just having it in some kind of logical format that you can send off for accreditation is difficult.'

These findings suggest CBT therapists with and without accreditation struggle with the administrative burdens and also indicate that the process of accreditation is taxing.

Clinical supervision

Clinical supervision was cited as a barrier for becoming accredited, with several participants commenting on the challenges of accessing appropriate clinical supervision for accreditation. This sub-theme appeared a common barrier and resulted in some participants delaying their application indefinitely.

Accreditation requires applicants to have accrued 200 hours of supervised CBT clinical practice, including regular live supervision (for example video, audio or in vivo observation) from a supervisor who is eligible for accreditation (BABCP 2012):

'In Glasgow there aren't many accredited people, so in terms of being able to fulfil the requirements it's tricky. You need to have an accredited supervisor, and there's not that many people accredited, so how do you do that?'

Furthermore, the requirement for regular live supervision in clinical supervision was also cited as difficult, with some CBT therapists stating live supervision was not routinely used in supervision:

'What we did was go back historically and get all the information to pretty much complete the form for submission. The bit where I fell short was although I was actually receiving supervision, at that time we weren't routinely taping. I wasn't taping my sessions for my supervisor.'

The two main barriers to becoming accredited identified within this study relate to the personal administrative burden and accessing and ensuring adequate clinical supervision.

Absence of motivating factors for accreditation

This theme describes how some participants were not motivated for accreditation. Absence of motivating factors for accreditation was not expressed manifestly by participants, but inferred within the sub-themes of not essential for current role, already registered and not a priority.

Not 'essential' for current role

To some extent the participants included in this study had already established themselves as CBT therapist, by virtue of being in a designated CBT therapy post:

'Well, in my current job in the NHS it is not a requirement, it is "desirable", but it is not "essential". I could get by without it.'

Already registered

Some CBT therapists who were already registered with a statutory body, such as the Nursing and Midwifery Council, meant that they lacked motivation for accreditation and did not feel pressured to become accredited:

'There was never any pressure because in terms of kind of clinical governance, I am a registered nurse.'

This sentiment suggests some CBT therapists and employers place greater importance on statutory registration and believe it is necessary and sufficient for practising CBT. The importance placed on statutory registration by employers is understandable. However, it is doubtful whether having a professional registration and being already registered would be sufficient preparation for working as a high-intensity CBT therapist, when guidance states high-intensity therapists should have postgraduate training (NHS Education for Scotland 2011).

Not a priority

The not a priority sub-theme was most obvious when CBT therapists' personal and/or employment responsibilities took precedence over becoming accredited:

'A few years later my first and only child was born, so priorities change as well.'

Hence, the three sub-themes of: not essential for current role, already registered, and not a priority, goes some way towards explaining why eligible and experienced CBT-trained mental health professionals sometimes decide against becoming accredited.

Discussion

The BABCP suggests people 'should' become accredited because it would help demonstrate experience/training to others and/or help them secure certain jobs (BABCP 2015a). These assertions appear consistent with some of the themes identified within this study. Moreover, no participants were completely against voluntary self-regulation, which suggests participants did not share House (2001) and Totton's (1999) views against regulation.

Possibly the most important contribution this study makes is improving our understanding of why some CBT therapists are not accredited. Previously, non-accredited therapists were assumed to lack the basic training requirements or were thought to be affiliated to other professional bodies and not interested in accreditation (Shapiro et al 2003). However, this study suggests some CBT therapists might experience ambivalence towards becoming accredited because of an absence of motivating factors or perceived barriers.

When considering the personal administrative burden theme, cost was not seen as a prohibitive factor: instead, participants stated the process of providing evidence of training or experience was the most challenging. With regards to the clinical supervision theme, two areas were identified as potentially causing a barrier to accreditation. The first was related to the availability of clinical supervisors with sufficient skill or experience to supervise aspiring applicants. The second barrier for accreditation was the necessity to have received regular live supervision.

The importance of live observation of practice under supervision and the understanding [Q8: **understanding or belief?**] improves the supervision process (Sloan 2007), and means it is understandable the BABCP expects therapist to undertake regular live clinical supervision. Findings from a large survey of BABCP accredited therapists ($n=170$), however, suggests that many accredited CBT therapists do not regularly receive live clinical supervision, which infers there is a difference between 'best practice' and the reality of clinical supervision (Townend et al 2002).

Limitations of this study

The main limitations revolve around the sample scope and size of it. Recruitment came to an end once all consenting participants had been interviewed. This small sample size and lack of further participants means it was unfeasible to confirm data saturation.

Implications for practice

This study does not assume all CBT therapists want to become accredited, but it does suggest some CBT therapists might face difficulty with the accreditation process. One potential barrier is the personal administrative burden associated with the application process. The BABCP accreditation uses a traditional paper-based system. In recent years there has been a huge increase in online and web-based technologies. Consequently, there is a growing acceptance of e-portfolios for education and professional development purposes (Alsop 2013). Introducing e-portfolios might help reduce the administrative burden associated with accreditation.

The second implication for practice focuses on accessing suitable clinical supervision. To make it easier for applicants to find clinical supervisors organisations and regions could create databases of suitable clinical supervisors (Sloan and Grant 2012). Developing such a database would potentially make accessing suitable clinical supervision easier for CBT therapists.

Further research

Future research could include investigating different professional groups or replicating the study in England and Wales.

Conclusion

The BABCP has seen a marked increase in the number of people seeking accreditation. This study investigated the trend by asking: what views do CBT trained mental health professionals have about BABCP accreditation, and what is motivating them towards non-mandatory professional regulation?

This study produced five themes and 12 sub-themes. CBT therapists generally view accreditation as having personal value and recognise the benefits of accreditation from a career development and CBT therapist identity perspective. However, some CBT therapists reported an absence of motivating factors for accreditation and encountered barriers when trying to become accredited. Possible solutions for these barriers are discussed, with a focus on using e-portfolios and developing a database of clinical supervisor.

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